


FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90134 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000069089 1. Corporation Name VALGAR DEVELOPMENT CORP					
Principal Place of Business 700 S.W. 38TH AVE. MIAMI FL 33135			Mailing Address 700 S.W. 38TH AVE. MIAMI FL 33135		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 3663 S.W. 8th Street			2a. Mailing Address 3663 S.W. 8th Street		3. Date Incorporated or Qualified 08/07/1998
Suite, Apt. #, etc. Third Floor			Suite, Apt. #, etc. Third Floor		4. FEI Number 65-0855530
City & State MIAMI FL			City & State MIAMI FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 33135 Country USA			Zip 33135 Country USA		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation owes the current year. Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. Name and Address of Current Registered Agent VALLS, FELIPE A 700 S.W. 38TH AVE. MIAMI FL 33135			10. Name and Address of New Registered Agent 81 Name VALLS, FELIPE A. 82 Street Address (P.O. Box Number is Not Acceptable) 3663 S.W. 8th Street Third Floor 83 84 City MIAMI FL 85 Zip Code 33135		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D <input type="checkbox"/> DELETE NAME VALLS, FELIPE A STREET ADDRESS 700 S.W. 38TH AVE. CITY-ST-ZIP MIAMI FL 33135			1.1 TITLE D/PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME VALLS, FELIPE A. 1.3 STREET ADDRESS 3663 S.W. 8th Street Third Floor 1.4 CITY-ST-ZIP Miami, FL 33135 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D <input type="checkbox"/> DELETE NAME GARCIA, JOSE A STREET ADDRESS SERRANIA A-24 CITY-ST-ZIP GUAYNABO PR 00986			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME TORRES DE NAVARRA, CARLOS 3.3 STREET ADDRESS 3663 S.W. 8th St, Third Floor 3.4 CITY-ST-ZIP MIAMI, FL 33135 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] PRESIDENT, FELIPE A. VALLS, SR 2/1/99 (305) 446-4116

CR2E034 (11/98)